## EXHIBIT C

ASSESSED TO A STATE OF A PROPERTY OF A STATE	A CONTRACTOR OF THE STATE OF TH	7			
	$\eta_{i,j}(0)$	PRO	OOF OF CLAIM		
Name of Debtor	Name of Debtor Case Number		ımber		
		-10725			
This form should not be us arising after the commence	st of Debtors and Case Numbers ed to make a claim for an administrative exp ment of the case A "request" for payment by be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor an			your claim Attach copy of statement giving particulars		
Lynn M. Kantor f/1 c/o Michael M. Sci McGuireWoods LLP 77 W. Wacker Drive Chicago, IL 60601	nmahl e, Suite <b>4</b> 100	:	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DEE  If you have aire Bankruptcy Court	IS PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT STORS BADY filed a proof of claim with the or BMC you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number	or (31)2 849-1800 or other number by which creditor identifies	debtor			E 13 FOR COURT USE UNLT
	or other number by which dreater technics		Check here replace or if this claim amen	<ul> <li>a previously</li> </ul>	filed claim dated
1 BASIS FOR CLAIM		Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	Wages,	salanes and compensation (	fill out below)	Other claims against service (not for loan balances)
Services performed	Taxes		r digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly) See Exhibit A	Unpaid o	compensation for services pe	rformed from	(date) (date)
2 DATE DEBT WAS INCL	JRRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
	CLAIM Check the appropriate box or boxes tha	t best descr	be your claim and state the amo	unt of the claim at th	ne time case filed
See reverse side for importa	II-1 double and a		SECURED CLAIM		
Check this box if a) then	e is no collateral or lien securing your claim or b) property securing it or if c) none or only part of your		a right of setoff)  Brief description of		ed by collateral (including
UNSECURED PRIORITY	CLAIM				Other
	e an unsecured claim all or part of which is		Real Estate	Miotor venicie	U Otner
entitled to priority  Amount entitled to priorit	y <b>\$</b>		Value of Collateral	<b>3</b>	
Specify the priority of the			secured claim if any	s	at time case filed included in
l	tions under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_	Up to \$2 225* of deposits toward	ard nurchase lease	or rental of property or
	missions (up to \$10 000)* earned within 180 days	·	services for personal family of	or household use 1	1 U S C § 507(a)(7)
	uptcy petition or cessation of the debtor's arlier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go		
	oyee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable para		
			Amounts are subject to adjust with respect to cases commen	nced on or after the	d every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF C AT TIME CASE FILED	LAIM \$ Unliquidated \$		\$		\$ Unliquidated
	(unsecured) cludes interest or other charges in addition to the		secured) amount of the claim Attach ite	( priority) mized statement of	(Total) fall interest or additional charges
7 SUPPORTING DOCI running accounts, contr DOCUMENTS If the d 8 DATE-STAMPED CO proof of claim	t of all payments on this claim has been cre- JMENTS Attach copies of supporting doct acts court judgments mortgages security a ocuments are not available explain if the co DPY To receive an acknowledgment of the	<u>uments,</u> su agreement documents e filing of y	ich as promissory notes, puro s and evidence of perfection are voluminous attach a sur our claim enclose a stamped	chase orders involved filen DO NOT mmary diself-addressed	DICES ITEMIZED STATEMENTS OF T SEND ORIGINAL
The original of this co ACCEPTED) so that it for each person or en governmental units) BY MAIL TO BMC Group Attn USACM Claims D	mpleted proof of claim form must be sen is actually received on or before 5 00 pm lity (including individuals, partnerships, o ocketing Center	BY HAND	OR OVERNIGHT DELIVERY TO		THIS SPACE FOR COURT JAN 15502007
P O Box 911 El Segundo, CA 90245-	•	1330 Eas	t Franklin Avenue do CA 90245	FILE	D JAN 1 3 2007
DATE 1/12/07	SIGN and print the name and title if any of the this claim (attach copy of powers) attor	e creditor or ney if any)	r other person authorized to file		USA CMC
	Lynn M Kantor, f/k/a Lynn M	laguire,	by Michael M. Schma	hl, Esq	1072502312

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	PRO	OF OF CLAIM			
Name of Debtor	Case Nu	mber			
USA Commercial Mortgage Company	1	25-LBR			
OSA Commercial Mortgage Company	00-107	25-LBR			
NOTE See Reverse for List of Debtors and Case Numbers	<u></u>	<u> </u>			
This form should not be used to make a claim for an administrative exp		Check box if you are aware that anyone else has			
larising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.	of an	filed a proof of claim relating		Y OWED MONEY BY A BORROWER	
Name of Creditor and Address		to your claim Attach copy of statement giving particulars		BEING SERVICED BY THE IO <u>NOT</u> HAVE TO FILE A PROOF	
11321242037456	6	[ ] at		INCLUDES MONEY FROM THAT  D IN THE COLLECTION ACCOUNT	
MONIGHETTI PETE		Check box if you have never received any notices			
6515 FRANKIE LANE PRUNEDALE CA 93907		from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT	
		Check box if this address	ONE OF THE DEE		
1		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again.	
Creditor Telephone Number ( )		court.	l "	E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies of	debtor	Check here replac	es		
		if this claim amen		filed claim dated	
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death		salanes and compensation (	_	Other claims against servicer (not for loan balances)	
Services performed Taxes	_	digits of your SS#		(not for loan balances)	
Money loaned	Unpaid o	ompensation for services per	formed from	to	
2 DATE DEBT WAS INCURRED	la us co	OURT JUDGMENT, DATE O	DTAINED	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				ne time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$			our claim is secur	ed by collateral (including	
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo	our claim is	a right of setoff)			
entitled to priority UNSECURED PRIORITY CLAIM		Bnef description of	_	F-18	
Check this box if you have an unsecured claim, all or part of which is		Real Estate	_ Motor Vehicle	Other	
entitled to priority		Value of Collateral	\$	<del></del>	
Amount entitled to priority \$		Amount of arrearage ar secured claim, if any		at time case filed included in	
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	<b>-</b>				
Wages salanes or commissions (up to \$10 000)* earned within 180 days	L	Up to \$2 225* of deposits toward services for personal family of			
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para	= :		
		* Amounts are subject to adjust with respect to cases commen			
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	1,509	,963,55 \$		\$ 1,509,96355	
(unsecured)		ecured)	( priority)	(Total)	
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	mized statement of	f all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cred					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts, court judgments mortgages security a	<i>iments,</i> su screement	ch as promissory notes pure s, and evidence of nerfection	thase orders invo	pices itemized statements of T SEND ORIGINAL	
DOCUMENTS If the documents are not available explain. If the d	locuments	are voluminous attach a sur	nmary		
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamped	d self-addressed	envelope and copy of this	
The original of this completed proof of claim form must be sent	t by mail o	or hand delivered (FAXES N	от Г	THIS SPACE FOR COURT	
ACCEPTED) so that it is actually received on or before 5 00 pm	, prevailin	g Pacific time, on Novembe	er 13, 2006	USE ONLY	
for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)					
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO JP		FILED	
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente Franklin Avenue	r ]	NOV 10 2006	
Y		do CA 90245		स-र च्याप्त च्याप्त	
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn		other person authorized to file		USA CMC	
11800	.,n.y)			1072501208	

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TOTAL DISCOLLARION TO (10,00)					
UNITED STAILS BANKRUPTCY COURT	Dis	TRICT C	F Nevada		PROOF OF CLAIM
Name of Dubtor	Case	Number			111001 01 00 1111
USA Commercial Mort Game Come	Part 1	96-1	10725-6	Br	
NOTE This form should not be used to make a claim for an admini		ense ansı	ng after the comme	encement	]
of the case. A request for payment of an administrative expense ma	ay be filed	pursuant	to 11 USC § 503		_
Name of Creditor (The person or other entity to whom the			you are aware that a proof of claim re		
dubtor owes money or property)			a proof of claim re attach copy of state		ł
ADRIAN JIR COSTHULZEN		ng particu			
Name and address where notices should be sent			you have never rec		
5860LUUSGNNT DAVE	case		те рапктирісу сог	irt in tinis	
Reno NU 89511			the address differs		
Reno, NV 89511 Telephone number 775-849-7869	1	ress on un court.	e envelope sent to	you by	THIS SPACE IS FOR COURT USE ONE
Last four digits of account or other number by which creditor			replaces		es halos
identifies debtor	ıf th	ıs claım	amends a prev	nously filed	d claim dated 12/11/06
1 Basis for Claim		Re	etiree benefits as d	efined in 11	I U S C § 1114(a)
Goods sold		ΠW	ages salaries, and	compensat	ton (fill out below)
Services performed Money loaned			ist four digits of your paid compensation		
Personal injury/wrongful death			om		-
Taxes See FXHIBIT A		110	(date)		(date)
	12				
2 Date debt was incurred MAY-2005	3.	II cour	t judgment, date	obtained	
4 Classification of Claim. Check the appropriate box or boxes th	hat best des	cribe you	r claim and state th	ne amount o	of the claim at the time case file
See reverse side for important explanations.  Unsecured Nonpriority Claim \$ 1,355,647,65		Secur	ed Claum		
	•		Check this box if yo	our claim is	secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	ir claim, or none or	a right	of setoff)		•
			Brief Description o		
Unsecured Priority Claim			Real Estate		
L Check this box if you have an unsecured claim all or part of we entitled to priority	which is		/alue of Collateral		
		Amour	nt of arrearage and it claim, if any \$_	other charge	es <u>at time case filed</u> included in
Amount entitled to priority \$					
Specify the priority of the claim		Up to \$2.	225* of deposits t	oward purch	hase, lease, or rental of property sehold use - 11 USC
Domestic support obligations under 11 USC § 507(a)(1)(A) of (a)(1)(B)		§ 507(a)		iny or nous	senord use - 11 O S C
Wages salaries, or commissions (up to \$10,000),* earned within	~ 10/\ mm=				al units - 11 USC § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier - 11 USC § 507(a)(4)	or s				f 11 USC § 507(a)()
		ounts are with resp	subject to adjustment to cases	ent on 4/1/0	07 and every 3 years thereafter after the date of adjustment
Contributions to an employee benefit plan - 11 U S C § 507(a)  Total Amount of Claim at Time Case Filed	)(5)		4765\$13546		
	<b>3</b>	Kunsecure	d) (secured	) (pr	7/355/647.65 nonty) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges	ution to the	principa	I amount of the cla	um Attach	itemized statement of all
6. Credits The amount of all payments on this claim has been	credited ar	d deduct	ed for the purpose	of T	HIS SINCE IS FOR COURT USE ONLY
making this proof of claim			•	- 1	The second of th
7 Supporting Documents: Attach copies of supporting docume	ents, such a	s promiss	sory notes, purchas	se l	
orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the					
documents are not available explain if the documents are voluminous, attach a summary				D JAN 10 ZUU/	
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-					
addressed envelope and copy of this proof of claim  Date  Sign and print the name and title of one of the					
Date Sign and print the name and title, if any, of the file this claips (attach copy of power of attorn	ne creditor nev, if anv)	or other j	person authorized	to	
1.12.07 A (11012 )	JJ.			•	USA CMC
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() 11 <del></del>					1070504005

Case Ub-10725-gwz D0C 8472-	<u>.3 EN</u>	<u>tereu 06/16/11 15:2</u>	<u> </u>
UNITED STATES BANKRUPTCY COURT  DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim ID s31017
USA Commercial Mortgage Company		725-LBR	Amount/Classification
oo, toominorolar mortgago company	00 10	20-2011	\$25 903 59 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of	The amounts reflected above constitute your claim as
Name of Creditor and Address  CATHERINE PERRONE 923 CROTON RD CELEBRATION FL 34747 4843	003001	statement giving particulars  Check box if you have never received any notices from the bankruptcy court of BMC Group in this case  Check box if this address of the envelope sent to you by the court	scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies	dobtor	Count	THIS SPACE IS FOR COURT USE ONLY
	debioi	Check here replace or if this claim arner	a previously filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree b	penefits as defined in 11 U S	C § 1114(a) Unremitted principal
Services performed Taxes		salaries and compensation (	fill out below) Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #	
——————————————————————————————————————	опраю с	compensation for services pe	rformed from to(date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	e your claim and state the amou	nt of the claim at the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right of setoff)	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of	<u> </u>
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle U Other
Amount entitled to priority  \$\frac{180,000}{2}		Value of Collateral	\$
Amount entitled to priority \$ \$ O O O  Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa	rd purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		1	household use 11 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)			remmental units 11 U S C § 507(a)(8) graph of 11 U S C § 507(a) ( )
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus	tment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$		with respect to cases commend	ced on or after the date of adjustment
AT TIME CASE FILED (unsecured)		\$\$	\$\$
Check this box if claim includes interest or other charges in addition to the		,	( pnority) (Total) mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the of 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	uments, su agreement documents e filing of y	ch as promissory notes purd s, and evidence of perfection are voluminous attach a su our claim enclose a stampe	chase orders, invoices itemized statements of it of lien DO NOT SEND ORIGINAL mmary d self addressed envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)  BY MAIL TO	, prevailin corporatio	g Pacific time, on Novemb	er 13, 2006 USE ONLY
BMC Group	BMC Grou Attn USA		
El Segundo CA 90245 091 l	El Segund	lo CA 90245	1194 0440
DATE  SIGN and pnnt the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  USA CMC  USA CMC  1072500807			

Case 06-10725-gwz			24.54 Pal	ge 6 01 12
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CLA	AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim IE	s32342
	l		Amount/Classifica	tion
USA Commercial Mortgage Company	06-107	'25-LBR	\$50 167 22 Unsec	cured
	<u> </u>			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative experience arising after the commencement of the case. A 'request for payment of administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address  RICHARD N KRUPP  101 STATE PL STE I  ESCONDIDO CA 92029 1365		aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case		cted above constitute your claim as lebtor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be
		Check box if this address differs from the address on the	1 '	eady filed a proof of claim with the
On the Tale base Number (		envelope sent to you by the court	, ,	or BMC you do not need to file again
Creditor Telephone Number ( ) Last four digits of account or other number by which creditor identifies	debtor			E 13 FOR COURT USE ONE
East four digits of associate of out of flambor by which dreater tachtimes	400.01	Check here repla or f this claim amer		filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation	(fill out below)	Other claims against servicer
☐ Services performed ☐ Taxes		r digits of your SS#		(not for loan balances)
☐ Money loaned ☐ Other (describe briefly)	Unpaid o	compensation for services pe	erformed from	to
20 7 o  2 DATE DEBT WAS INCURRED date H Unwilled Produ	UMB IE C	OURT JUDGMENT, DATE O	DRIAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describ	be your claim and state the amou	nt of the claim at the	e time case filed
See reverse side for important explanations	Yh	SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ 50 16 1.22	=94		our claim is secu	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you	your claım ur claım ı	a right of setoff)		
entitled to priority		Brief description of	f collateral	
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000) earned within 180 days		services for personal family o		- (,,,,
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>	Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)  Other Specify applicable paragraph of 11 U **Amounts are subject to adjustment on 4/1/C				- ,,,,,
		with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 50, 167, 22 \$	20	0,000-\$		_\$ 250,000 —
(unsecured)	,	secured)	( pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	emized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts court judgments, mortgages, security DOCUMENTS If the documents are not available explain. If the	uments, su agreemen documents	uch as promissory notes pur ts and evidence of perfectio s are voluminous attach a su	chase orders inv n of lien DO NO immary	roices itemized statements of OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		•		d envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED)	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	,	
BMC Group Attn USACM Claims Docketing Center	BMC Gro	up ACM Claims Docketing Cente	er	G
P O Box 911	1330 Eas	t Franklın Avenue	"FILED .	IUN 0 4 2007
El Segundo CA 90245 0911		do CA 90245	. h - After 4-12,0 miles	USA CMC
SIGN and print the name and title if any of the this claim (attack copy of power of attorn	e creditor or ney if any)	other person authorized to file  Ruhand N.	trup	1072502496
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonmen	nt for up to 5	years or both 18 USC §§ 15	2 AND 3571	

Case 06-10725-gwz Doc 8472-3 Entered 06/16/11 15:24:54 Page 8 of 12 FORM B10 (Official Form 10) (10/05) DISTRUT OF NEVADA UNITED STATES BANKRUPTER COURT PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTI- This form should not be used to make a claim for an administrative expense arising after the commercement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 ☐ Check box if you are aware that anyone Name of Crednor (The person or other entity to whom the else has filed a proof of claim relating to dubtor owes money or property) your claim Attach copy of statement CRESOIF B RENVINE giving particulars. Check box if you have never received any Name and address where notices should be sent ROBERT C. LEPOME 10/20 S. EASTERN # 200 notices from the bankruptcy court in this case. Check box if the address differs from the LENDERSON, NY 89.052 HENDEKO---, Telephone number (702) 492-127/ address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY the court, Check here | replaces Last four digits of account or other number by which creditor if this claim amends a previously filed claim, dated; iacaufies deotor 6049 GENERAL UNSECURED [ Retiree benefits as defined in 11 USC § 1114(a) Wages, salaries, and compensation (fill out below) Goods sold Last four digits of your SS# Services performed Unpaid compensation for services performed  $\Box$ Money loaned Personal injury/wrongful death from П Taxes (date) (date) NEGLICENCE & FRAUD **(2)** Other -Date debt was incurred JAN 1, 2005 If court judgment, date obtained: APRIL 12, 2006 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Secured Claim Unsecured Nonpriority Claim \$ 37 Check this nox if your claim is secured by collateral anchaining Check this box if a) there is no collateral or lien securing your claim, or a right of seto/I) b) your claim excesses the value of the property securing it, or if c) none or only part of your claim is entitled to priority Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle ☐ Unsecured Priority Clause Value of Collateral Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case file, included in secured claim, if any \$\_ Amount entitled to priority 3\_ Specify the priority of the claim Up to \$2.225" of deposits toward purchase, lease, or rentrict ampenty or services for personal family, or household use - 11 U S C Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7) (a)(I)(B) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8). [] Wages, salaries, or commissions (up to \$10,000),\* carned within '50 days before filing of the bankrupacy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(1) Other - Specify applicable paragraph of II USC § 50/(c, \_\_\_\_) \*Amounts are subject to adjustment on 4/1/07 and every 3 vice in after with respect to cuses commenced on or after the data of naminaert Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) 37,500 7500 \$ Total Amount of Claim at Time Case Filed. (unscould) (secured) (priority) ( Dia : 🖸 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemazed statement of the interest or additional charges Credits: The amount of all payments on this claim has been credited and deducted for the purpose of THE SONCE IS HOW CLASSELS. COLL. making this proof of claim. 7. Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments mortgages, security agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the FILED JAN 11 2007 documents are not available, explain If the documents are voluminous, attach a summary 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any of the creditor or other person authorized to

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or impresonment for up to 5 years or both 18 U.S.

BAD#1980

file this claim (attach copy of power of attorney if anx)

USA CMC 1072501931

Under States Bankruptey Court	Dis	STRICT OF NEVADA	DOOGE OF CLAIM	
Name of Debtor  USA COMMERCIAL MORTGAGE CO-  Case Number  06-10725				
NOTE This form should not be used to make a claim for an administrative of the case. A request for payment of an administrative expense ma				
Name of Creditor (The person or other entity to whom the debtor owes money or property)  GRABLE B. RONNING	else you givi	cck box if you are aware that anyone has filed a proof of claim relating to relaim. Attach copy of statement ing particulars	i consession de la cons	
Name and address where notices should be sent  ROBERT C. LEPOME 10120 S EASTERN #200 HENDERSON, NV 89052 Telephone number (702) 492-1271	note case Che add	eck box if the address differs from the ress on the envelope sent to you by court.		
Last four digits of account or other number by which creditor identifies debtor 5433	3	ck here replaces us claum amends a previously f	iled claim dated	
I Rasis for Claim GENERAL UNSECURE  Goods sold CLAIM - CLASS L Services performed Money loaned Personal injury/wrongful death Taxes Other NECLIGENCE + FRAUD	-	Retiree benefits as defined in Wages, salaries and comper Last four digits of your SS # Unpaid compensation for se from	nsation (fill out below)	
2 Date debt was incurred: JAN 1-2005 to APRIL 12, 2006	3.	If court judgment, date obtain		
See reverse side for important explanations.  Unsecured Nonpriority Claim 5 //2   59  (\$\frac{1}{2}\$ Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority \$\frac{1}{2}\$ Amount of arrearage and other charges at time case filed included in secured claim if any \$\frac{1}{2}\$  Specify the priority of the claim  Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or \$\frac{1}{2}\$ Soff(a)(1)(P)  Wages, salaries, or commissions (up to \$10 000) * \text{-arread within 180} \$\frac{1}{2}\$ days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)(5)  Secured Claim  Check this box if your claim is secured by collateral (including a right of setoff)  Brief Description of Collateral  Real Estate   Motor Vehicle   Other   Value of Collateral \$\frac{1}{2}\$  Amount of arrearage and other charges at time case filed included in secured claim if any \$\frac{1}{2}\$  Other - Specify applicable paragraph of 11 U.S.C. \$ 507(a)(8) \$\frac{1}{2}\$  Other - Specify applicable paragraph of 11 U.S.C. \$ 507(a)(1)  Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced on or after the date of adjustment with respect to cases commenced				
Check this box if claim includes interest or it their charges in additional charges.	, 76 filon to th	(secured) (secured) are principal amount of the claim. At	('oramly) (Total) ach itemized statement or all	
6. Credits The amount of all payments on this claim has been	credited a	and deducted for the purpose of	THIS SINCE IS FOR COURT USE ONLY	
making this proof of claim.  Supporting Documents: Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluing addressed envelope and copy of this proof of claim.  Sign and print the name and title it ary of the file this claim (attach copy of power of a tortical copy of power of a tortical copy.)	octs court. D ORIGII minous att ling of you the creditor	judgments mortgages security NAL DOCUMENTS If the tach a summary ir claim, enclose a stamped, self-	FILED DEC 0 4 200	
154 00 ROCCEY & Lefens				

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U S

USA CMC 1072501410

		<del> </del>		
UNITED STATES BANKEUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM		М	
	Case Nu	mber		
_		0725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expanding after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	ense of an	Check box if you are aware that anyone else had filed a proof of claim relating	ng to	
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
Chris Sharp & Terri Sharp husband and wife, as joint tenant		Check box if you have never received any notices from the bankruptcy court		DO NOT FILE THIS PROOF OF CLAIM FOR A
with right of survivorship 29276 Whitegate Lane		BMC Group in this case	SECURED INTER	EST IN A BORROWER THAT IS NOT
Highland, CA 92346	!	Check box if this addre differs from the address on envelope sent to you by the	the If you have alre	BTORS  eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ( )		court.	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of 10 Z Z	lebtor	of this claim	eplaces or a previously mends	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 i	USC § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		salanes and compensation		X Other claims against services
Services performed Taxes		digits of your SS#		(not for loan balances)
Money loaned  Other (describe bnefly)  See attached	Unpaid o	compensation for services	s performed from	(date) (date)
2 DATE DEBT WAS INCURRED /-/3-05	3 IF C	OURT JUDGMENT, DAT	TE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	best descr	ibe your daim and state the	amount of the claim at t	he time case filed
UNSECURED NONPRIORITY CLAIM \$ 100,000.00		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim exceeds the value of the property securing it, or if c) none or only part of your claim is a right of setoff)				red by collateral (including
entitled to priority		Bnef descriptio	•	
UNSECURED PRIORITY CLAIM		X Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collate		
Amount entitled to priority \$		Amount of arrearag	e and other charges	at time case filed included in
Specify the priority of the claim    Domestic support objections under 11 U.S.C. \$ 507(e)(1/A) or (e)(1/B)				
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  Up to \$2.225° of deposits toward purchase lease or rental of property or services for personal family or household use -11 U.S.C. § 507(a)(7)				
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to		
business whichever is earlier 11 U S C § 507(a)(4)		Other - Specify applicable		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to	adjustment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ (00,000,00) \$	100.00	with respect to cases con	mmericed on or after the	\$ /30 D D 30
AT TIME CASE FILED (unsecured)		secured)	( pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the			h itemized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security and process of the contract o	<i>ments,</i> su	ich as promissory notes	purchase orders inv	orose dominal statements of
DOCUMENTS If the documents are not available explain. If the d	iocuments	are voluminous attach a	a summary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c governmental units)	. prevailir	o Pacific time, on Nove	mher 13 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO				
Attn USACM Claims Docketing Center	BMC Gro	up ACM Claims Docketing Co		ED JAN 1 3 2007
P O Box 911 El Segundo CA 90245-0911	1330 Eas	t Franklin Avenue	= 1.00	
DATE SIGN and odot the name and title if any of the		do CA 90245	fle	
/-/Z-07	ney if any)			Lio-
1-1 Com 10 desor	Erve	n T. Nelson	. Attorno	USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC §§ 152 AND 3571

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FORM B10 (Official Form 10) (10/05) UNLIED STATES BANKRUPICY COURT DISTRICT OF Nevada PROOF OF CLAIM Name of Debtor USA Commercial Mortgage company Case Number 06-10725-LBR NOTF. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to dubtor owes money or property)
t Iniversal Management inc ,a Nevada your claim Attach copy of statement Corporation giving particulars Check box if you have never received any Name and address where notices should be sent notices from the bankruptcy court in this Universal Management Inc case 8080 Harborview Road Check box if the address differs from the Blaine, WA 98230 + address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number (360)961-4463 the court. Last four digits of account or other number by which creditor Check here replaces amends a previously filed claim dated identifies debtor if this claim Retiree benefits as defined in 11 USC § 1114(a) Basis for Claim Wages salaries and compensation (fill out below) Goods sold Last four digits of your SS # Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death Taxes (date) (date) See Exhibit A Other If court judgment, date obtained Date debt was incurred 06-01-20004 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secured Claim Unsecured Nonpriority Claim \$ 719,059 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim, or a right of setoff) b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief Description of Collateral Real Estate | Motor Vehicle Other **Unsecured Priority Claim** \$ unknown Value of Collateral Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ 10,712 Amount entitled to priority \$\_ Specify the priority of the claim Up to \$2 225\* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 USC Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or § 507(a)(7) (a)(1)(B) Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) Wages salaries, or commissions (up to \$10 000) \* earned within 180 Other - Specify applicable paragraph of 11 USC § 507(a)(\_ days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 U S C § 507(a)(4) \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 U S C & 507(a)(5) 719,059 719.059 5 Total Amount of Claim at Time Case Filed 719,059 (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of THIS SPACE IS FOR COURT USE ONLY making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the FILED JAN 11 2007 documents are not available explain. If the documents are voluminous, attach a summary Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped selfaddressed envelope and copy of this proof of claim Sign and print the name and title if any, of the creditor or other person authorized to Date file thus claim (attach copy of power of attorney if any) USA CMC

accelled Tariq Chaudhry-President

1-10-2007

Case 06-10725-gwz Doc 8472-3 En	tered 06/16/11 15:24:54 Page 12 of 12		
PROPERTY OF THE PROPERTY OF TH	OOF OF CLAIM		
Name of Debtor Case No	amber		
USB INDENOI-FIRST THUST DEVELOND LLC OG	1-10728 LBR		
NOTE See Reverse for List of Deblors and Case Numbers.			
This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U.S.C § 503	filed a proof of claim refating to your claim Attach copy of		
Name of Creditor and Address:	statement giving particulars		
11321241000658	Object Construction		
RICHARD L YOUNGE IRA	Check box if you have never received any notices		
6431 SW LURADEL ST	from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAMIFOR A  BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT		
PORTLAND OR 97219-5737	ONE OF THE DEBTORS		
	Check box if this address differs from the address on the lif you have already filed a proof of claim with the		
	envelope sent to you by the Bankrupicy Counter BMC, you do not need to file again count		
Creditor Telephone Number (502 - 144-1617	COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Chesk base replaces a previously filed claim dated		
	if this claim amends amends		
1 BASIS FOR CLAIM Retiree	benefits as defined in 11 U.S.C § 1114(a) Unremitted principal		
	salanes, and compensation (fill out below):		
Services performed Taxes Last four	r digits of your SS # (not for lean balances)		
Money loaned Other (describe briefly) Unpaid	compensation for services performed from to		
	(date) (date)		
The state of the s	OURT JUDGMENT, DATE ORTAINED		
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best desc See reverse side for important explanations	ribe your claim and state the amount of the claims the minerase med.		
UNSECURED NONPRIORITY CLAIM \$	CCURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) your claim.			
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.	a right or setom)		
UNSECURED PRIORITY CLAIM	Brief description of collateral		
Check this box if you have an unsecured claim, all or part of which is	real Estate Motor Vehicle Other		
entitled to priority	Value of Collateral \$		
Amount entitled to priority \$ 150,000 % \$ 114TEREST	Amount of arrearage and other charges at time case filed included in		
opony no promy or the opini	secured claim if any \$		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward purchase, lease, or rental of property or		
Wages, salanes, or commissions (up to \$10 000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use -11 U S C § 507(a)(7)		
business whichever is earlier - 11 U.S.C. § 507(a)(4)	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U.S.C. § 507(a) ( )  *Amounts are subject to adjustment on 411/07 and every 3 years thereafter		
	with respect to cases commenced on or after the date of adjustment		
AT TIME CASE FILED	\$ \$ 150000 m + 14T		
(unsecured)	secured) (pnonty) (Total)		
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim. Attach itemized statement of all interest or additional charges		
6 CREDITS The amount of all payments on this claim has been credited and	deducted for the purpose of making this proof of claim.		
7 SUPPORTING DOCUMENTS: Attach copies of supporting documents, s	uch as promissory notes purchase orders invoices itemized statements of		
running accounts, contracts, court judgments, mortgages, security agreemen	ts, and evidence of perfection of lien DO NOT SEND ORIGINAL		
DOCUMENTS if the documents are not available explain if the document  8. DATE-STAMPED COPY To receive an acknowledgment of the filing of	· · · · · · · · · · · · · · · · · · ·		
proof of claim	And withing a statishor action cooled custoche with only of 1112		
The original of this completed proof of claim form must be sent by mail			
ACCEPTED) so that it is actually received on or before 5.00 pm, prevails	ng Pacific time, on November 13, 2006 USE ONEY		
for each person or entity (including individuals, partnerships, corporation over invental units)	ons, joint ventures, trusts and		
governmental units) By Mait TO BMC Group BMC Group	OR OVERNIGHT DELIVERY TO		
	ACM Claims Docketing Center st Franklin Avenue FILED OCT 19 2006 and CA 90245		
DATE SIGN and print the name and title if any of the creditor			
A this claim (attach conv of power of attorney if any)			
10-16-20de Richard & Yange			
1 10010 01 11 100	1072866076		